

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050486

STATE FILE NUMBER

Registration District No. 328 Primary Registration District No. 6112 Registrar's No. 40

FILED DEC 24 1963

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kelso Twp</u>		c. CITY OR TOWN <u>Rural - Kelso Twp</u>	
Length of stay in lb <u>45 years</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/2 M. S. of Scott City</u>		d. STREET ADDRESS (If outside, give location) <u>1/2 M. S. of Scott City</u>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>WILLIAM CORVICK</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>14</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 14, 1886</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RR Engine Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>		11. BIRTHPLACE (City and state or country) <u>St Paul Minnesota</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>John Corvick</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	
14. NAME OF HUSBAND OR WIFE <u>Victoria Kern Corvick</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Mrs Victoria Corvick Rte 1 Illmo. Mo</u>		Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		<u>Unknown</u>
DUE TO (c) <u>Generalized Arteriosclerosis</u>		<u>Unknown</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u>-</u> a.m. <u>-</u> p.m. <u>-</u>	Month, Day, Year <u>-</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Capo Girardeau, Mo</u>	COUNTY <u>-</u> STATE <u>-</u>
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21. I attended the deceased from <u>8-29-63</u> to <u>12-14-63</u> and last saw him alive on <u>11-11-63</u>
Death occurred at <u>7 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert G. Laffan M.D.</u>	(Degree or title)	22b. ADDRESS <u>Illmo, Mo</u>	22c. DATE SIGNED <u>12-16-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 18, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Capo Girardeau, Mo</u>
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24. FUNERAL DIRECTOR <u>DISPLINGHOFF FUNERAL HOME</u>	ADDRESS <u>ILLMO, MO</u>	25. DATE RECD. BY LOCAL REG. <u>12-18-1963</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Fred Breggins</u>
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(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Alfred J. Amick*

Licensed Embalmer No.

*4470*

P. O. Address

*Illmo, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.